

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000009787**

1. Entity Name

VIP CLEANING SERVICES, LTD. CO.

FILED

01 AUG -1 AM 8:47

Principal Place of Business

**704 HUPA COURT
LAKE MARY FL 32746**

Mailing Address

**704 HUPA COURT
LAKE MARY FL 32746**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

704 Hupa Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 953452

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number

593-66-5482

Applied For

Not Applicable

Zip

32746

Country

Seminole

Zip

32745-3452

Country

Seminole

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, ILKA V
704 HUPA COURT
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

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*******55.00 *****55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ILKA V. Perez, President
704 Hupa Court
Lake Mary, FL 32746**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/27/01 1-407-346-1595

Date

Daytime Phone #

CR2E083 (5/01)